

D.S. DIVISION

I. General Information

USEPA Number: IL0005471503 IEPA Number: 1110950003

LDF Facility: YES ☒ NO ☐ Notified As: G, TSD Regulated As: G, S

(A) Facility Name: Woodstock Pre Casting

(B) Street: 555 Wheeler Street

(C) City: Woodstock (D) State: IL (E) Zip Code: 60098

(F) Phone: 815/338-0700 (G) County: McHenry

(H) Operator: Allied Information Systems

(I) Street: P.O. Box 2423R

(J) City: Morrisstown (K) State: N.J. (L) Zip Code: 07960

(M) Phone: 201 455-3441 (N) County: _____

(c) Owner: Same as (1)

(P) Street: _____

(Q) City: _____ (R) State: _____ (S) Zip Code: _____

(T) Phone: _____ (U) County: _____

Region: N (V) Date of Inspection: 05/29/86 (W) Time: (From) 9:15 A (To) 1:00

Type of Inspection: ISS RECORD REVIEW SAMPLING CITIZEN COMPLAINT
CLOSED WITHDRAWAL OTHER PART B

F/U / / (Date of Initial Inspection)

(X) Weather Conditions: $\approx 75^\circ$, sunny

EPA Region 5 Records Ctr.



350452

(AA) Preparer Information

Name Rick Peterson

Agency/Title
IEPA / EPS

Telephone 312 345-9780

RECEIVED

IEPA-DLFC

[illegible]

TOTAL Class I's & II's

(Y) Person(s) Interviewed	Title	Telephone
<u>Don Woodside</u>	<u>Mgr. of Tech Serv.</u>	<u>815/338-0700</u>
<u>Robin Garrell</u>	<u>Chem. Eng.</u>	<u>"</u>

(Z) Inspection Participants	Agency/Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Section A: Scope of Inspection.

- Interim Status standards for the treatment, storage or disposal of HAZARDOUS WASTES SUBJECT TO 35 Ill. Adm. Code 725.101. Complete Inspection Form A, Sections B, C, D, E, and G.
- Place an "X" in the box(es) corresponding to the facility's treatment, storage or disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)

Inspection Form A section(s)

S01	<input checked="" type="checkbox"/>	storage in containers	I
S02	<input type="checkbox"/>	storage in tanks	J
T01	<input type="checkbox"/>	treatment in tanks	J
SC4	<input type="checkbox"/>	storage in surface impoundment	K, F
T02	<input type="checkbox"/>	treatment in surface impoundment	K, F
D83	<input type="checkbox"/>	disposal in surface impoundment	K, F
S03	<input type="checkbox"/>	storage in waste pile	L
D81	<input type="checkbox"/>	disposal by land application	M, F
D80	<input type="checkbox"/>	disposal in landfill	N, F
T03	<input type="checkbox"/>	treatment by incineration	O, P
T04	<input type="checkbox"/>	treatment in devices other than tanks, surface impoundments, or incinerators	Q

Other Activities

GENERATOR	<input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER	<input type="checkbox"/>	APPENDIX	TR

- Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
- Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 35 Ill. Adm. Code 725.101(c). Provide a brief rationale for the possible exclusion.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	—	—	<u>MA</u>	<u>no foreign waste</u>
2. Facility expansion?	—	—	<u>MA</u>	<u>no expansion</u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u>✓</u>	—	—	_____
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u>✓</u>	—	—	<u>'General Waste Analysis</u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	—	<u>MA</u>	_____
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<u>✓</u>	—	—	<u>guard service</u>
2. Artificial or natural barrier around facility?	<u>✓</u>	—	—	<u>fence</u>
3. Controlled entry?	<u>✓</u>	—	—	<u>gate</u>
4. Danger sign(s) at entrance?	<u>✓</u>	—	—	_____
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<u>✓</u>	—	—	_____
2. Records of operator error?	<u>✓</u>	—	—	_____
3. Records of discharges?	<u>✓</u>	—	—	_____

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ignitable waste</i>
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— ✓ —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

✓ — —

telephone, P.A. system

2. Telephone or 2-way radios
at the scene of operations?

✓ — —

3. Portable fire extinguishers,
~~fire control, spill control~~
equipment and decontamination
equipment?

✓ — —

fire extinguishers, SCBA
absorbent

Indicate the volume of water and/or foam available for fire control:

City water w/ 100,000 gallon tower, sprinkler system

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

✓ — —

2. Is emergency equipment
maintained in operable
conditions?

✓ — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

✓ — —

fire alarm pull boxes

*Not Inspected

(E) Is there adequate aisle space
for unobstructed movement?

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel
must take to comply with
§265.51 and 265.56 in response
to fires, explosions, or any
unplanned release of hazardous
waste? (If the owner has a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan, he needs
only to amend that plan to
incorporate hazardous waste
management provisions that are
sufficient to comply with the
requirements of this Part (as
applicable.)

✓

2. Arrangements agreed by local
police departments, fire departments
hospitals, contractors, and State
and local emergency response teams
to coordinate emergency services
pursuant to §265.37?

✓ Woodstock Fire and
Police Depts., Woodstock
Hospital; on-site nurse

3. Names, addresses, and phone
numbers (office and home) of all
persons qualified to act as
emergency coordinators?

✓

4. A list of all emergency equipment
at the facility which includes the
location and physical description
of each item on the list and a
brief outline of its capabilities?

✓

5. An evacuation plan for facility
personnel where there is a possibility
that evacuation could be necessary?
(This plan must describe signal(s)
to be used to begin evacuation,
evacuation routes, and alternate
evacuation routes?)

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Dept.
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
	<input type="checkbox"/>	<input type="checkbox"/>	NA	NO emergency w/ wait

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input type="checkbox"/>	<input type="checkbox"/>	NA	no off site wait
2. Are records of past shipments retained for 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	}	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>		

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

- "*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓ _____

- c. The location and quantity of each hazardous waste within the facility?

✓ _____

- ***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

___ ___ 1/A no off-site waste

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ _____

- f. Reports detailing all incidents that required implementation of the Contingency Plan?

— — N/A not needed to date

- g. All closure and post closure costs as applicable?
(Effective 5-19-81)

✓ _____

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

Yes No NI* Remarks

(A) Closure and Post Closure

1. Is the facility closure plan available for inspection by May 19, 1981?

✓

2. Has this plan been submitted to the Regional Administrator

 N/A

active unit

3. Has closure begun?

 N/A

"

4. Is closure estimate available by May 19, 1981?

✓

(B) Post closure care and use of property

Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)

N/A

not subject - requirement

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name:

Woodstock Die Casting

Date of Inspection:

5/29/86

Yes No NI* Remarks

1. Are containers in good condition?

✓

2. Are containers compatible with waste in them?

✓

3. Are containers stored closed?

✓

4. Are containers managed to prevent leaks?

✓

5. Are containers inspected weekly for leaks and defects?

✓

6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)

✓

ignitable

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	---	---	N/A	all wastes compatible
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	---	---	N/A	"

J
TANKS

Facility Name: _____ Date of Inspection: _____

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	---	---	N/A	no tanks
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	---	---	---	---
3. Do continuous feed systems have a waste-feed cutoff?	---	---	---	---
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	---	---	---	---
5. Are required daily and weekly inspections done?	---	---	---	---
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	---	---	---	---
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	---	---	---	---

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	—	—	<u>NI</u>	—
4. Are inspection procedures followed according to 265.403?	—	—		—
5. Are the special requirements fulfilled for ignitable or reactive wastes?	—	—		—
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	—	—		—

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.2 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<u>✓</u>	—	—	—
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<u>✓</u>	—	—	—
2. Name, mailing address, telephone number, and EPA ID Number of Generator	<u>✓</u>	—	—	—

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	<u>not needed to date</u>

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	<u>provided by hauler</u>

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Reports

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:
 - a. Notified the Administrator in writing? ☐ ☐ ☒ N/A no foreign waste
 - b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? ☐ ☐ ☐
 - c. Met the Manifest requirements? ☐ ☐ ☐
2. Importing Hazardous Waste, has the generator:

Met the manifest requirements? ☐ ☐ ☐